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RETHINKING SCHOLARSHIP IN NURSE EDUCATION

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Abstract

The nursing profession is undergoing significant change. The most apparent being: the recent progress to an all-graduate profession; the continued reforms following the findings of the Francis Report (2013) and the sustained restructuring of the health service that seeks to effectively manage the increasing demands placed upon it (NHS 2014).

Educational programmes in nursing have developed curriculum that places self-determined learning at the heart of professional practice. This heutagogical approach extols the value of reflective practitioners that empower the development of evidence based practice. Throughout this process students are supported by scholarly mentors.

In light of the significant changes and the continued challenges to nurse education this paper will seek to critically analyse the seminal work of Boyer, (1990) in which he sought to challenge the out-moded ideology of scholarship and propose a more enlightened contemporary framework, which all academics can utilise in order to encourage a more dynamic, systematic approach to learning.

Introduction

An all graduate profession

Nursing and nurse education has continued to develop throughout the decades. Systematic emphasis being on the importance of nurses being 'fit to practice'; the fundamental purpose, to safeguard the protection of society through confirmed standards (NMC 2015, NMC 2015a). A recent review commissioned by Health Education England in partnership with the professional nursing body the Nursing and Midwifery Council (NMC) (Willis 2015) has indicated the government's drive and commitment to improving patient care through ensuring the provision of experienced healthcare professionals able to drive forward effective change management and future expectations, within an ever-changing and increasingly demanding social context. As healthcare provision has become increasingly complex, it requires nurses who have the skills and abilities to critically reflect upon and analyse professional experiences and to co-ordinate the provision of safe and effective care, whilst encouraging collaboration and therapeutic practice (Jokinen and Mikkonen, 2013). Since the role has developed to encompass all the changes, life-long learning is now seen as an essential element of professional nursing practice (Benner et al., 2010). It is important therefore to ensure the future education and training needs of all nursing and healthcare staff, are met (Willis, 2015). One way in which this can be achieved in practice is by ensuring the nursing profession has highly skilled quality mentors able to integrate a number of different aspects of nursing, into professional practice, including reflection and effective leadership (Willis, 2012).

There exists within nursing and nurse education a plethora of literature that extols the value and importance of quality research in order to facilitate evidence based practice (Doolan-Grimes, 2013). Indeed many of our universities now focus on the research excellence framework, (which assesses the quality of research in UK higher education institutions) in order to secure financial survival and gain credibility as a research focused centre of excellence. Despite this emphasis on research, there is however very little attention paid to the developing of a culture of scholarship (Fitzpatrick and McCarthy, 2010). Taking into consideration the fundamental principles of nursing as a professional discipline, Fitzpatrick and McCarthy (2010), argue that academic nurse leaders must ensure a broad vision of scholarship is encapsulated within nurse education and encourage a significantly wider gamut of inquiry.

Historical Context

Placing scholarship in a historical context, Rolfe (2009) asserts that scholarship is defined as the various approaches to learning undertaken by the academic, including critical discussion, philosophical debate and empirical research; the work produced being made available for critique by academic peers. This framework argued Boyer (1990) was central to the concept of scholarship; however research had become the dominant factor with all other types of scholarship emerging from it.

Boyer

Boyer (1990) developed his framework to include four inter-related and overlapping domains (Conard and Pape, 2014) and which in recent years has become increasingly influential in helping to frame scholarship within higher education institutes (Boyd 2013). In his work Boyer (1990) moved away from the 'out of date stuffy idea' of scholarship as exemplifying academic rank in an educational setting and instead proposed a new contemporary model, one that fully recognised the importance of the whole myriad of academic function. This new model encourages freedom to assimilate new knowledge; to step back from one's thoughts; to find new connections; to build bridges (that enable the application of new and innovative ways of working) and to share this information in a way that is meaningful. In order to achieve this successfully, healthcare professionals must recognise their own unique role as nurses, nurse educationalists and mentors and work collaboratively through mutual respect to develop nurse practitioners who are sufficiently skilled and knowledgeable to ensure the provision of 21st century care.

Boyer's (1990) framework emphasises four tenets of scholarship that have become increasingly prominent in nurse education. Discovery of knowledge through research, integration of theories into clinical practice, application of intellect to professional dilemmas and the sharing of knowledge through teaching, a process by which fresh ideas are gained and new learning espoused. Anecdotally it could be argued this process encourages the concept of lifelong learning and supports the values of a profession committed to both the art and science of nursing advancement.

Scholarship of Discovery

In its true sense, scholarship of Discovery comes closest to the term 'research'; acquiring knowledge for its own sake through the testing and generating of theory (Braxton and Del Fevaro, 2002). It asks the questions what is known and what is yet to be found and makes a commitment to the expansion of human knowledge (Glassick 2000). An alternative perspective is that scholarship of Discovery can also be about personal discovery allowing the freedom of inquiry, to critically explore and to encourage a sense of empowerment that encourages a heutagogical approach to learning through a process of conscientisation and praxis (Freire, 1972). Boyer (1990) contends that the gaining of new knowledge, the advancement in professional and personal learning and the application of that learning creates an almost 'palpable' excitement. It could be argued therefore that the scholarship of Discovery not only has the potential to inspire the active engagement of nurses with nursing research, (Brown et al., 2009) and thus be at the forefront of evidence based practice, but also encourage a process of self-discovery, reflexivity and experiential learning, through which it is envisaged nurses will begin to identify the barriers that has the potential to obstruct the provision of quality care (Hurley et al., 2012). By taking ownership of research opportunities, nurses will be suitably positioned to effectively manage and take responsibility for integrating the new knowledge gained into professional practice.

Scholarship of Integration

Integration gives meaning to isolated facts and research findings, creates perspective and makes 'connections across disciplines' bringing new insight to bear on original research, (Glassick, 2000). Through ensuring the integration of learning into professional practice there is a greater opportunity to influence and educate a plethora of healthcare professionals; by asking the question what do the research findings mean (Glassick, 2000). Such questions call for a critical analysis, synthesis and interpretation of facts. They open up new ways of thinking and new ways of working that one cannot yet imagine, because one is not there yet. By sharing new knowledge and new ideas, or old ideas and old knowledge in a new and innovative way we can help to influence and create new insight into the way in which we practice as professionals and how we integrate evidence based research findings into professional practice. Clinical (integrated) scholarship is the transfer of research to practice and it could be argued has the potential to bridge the theory practice gap, acknowledged by Ousey and Gallagher (2007). This it is proposed could have developed as a result of empirical research being insufficiently tested prior to implementation (Gopee, 2010). The importance of the mentor in supporting the link between theory and practice therefore should not be underestimated.

Scholarship of Application

The Scholarship of Application is considered to be the application of disciplinary knowledge and skill to societal problems (Braxton and Del Fevaro, 2002). It presupposes that knowledge discovered can be integrated and applied in practice, and asks the questions how can such knowledge be used to problem solve complex issues and how can such knowledge gained be useful to institutions and the individuals they serve (Glassick, 2000). In order to effectively apply knowledge to

professional practice it is argued that nurses must acquire the ability to critically reflect and act, for praxis (Freire, 2012) it is argued encompasses a change in the status quo (Taylor, 2000) and as identified in the seminal work of Schön (1983) is an opportunity to bridge the theory-practice gap through reflection in and on action. The importance of critical reflection in healthcare provision is considered an essential component of healthcare provision and ensuring nurses remain fit to practice (NMC 2015a). Application of the new knowledge gained through reflection into professional practice is central to the development of safe and effective care but is difficult to develop in isolation. Mentors who have the skills and ability to support nurses to acquire evidence-based knowledge and apply that knowledge into professional practice is more than the application of research alone. It also includes expert clinical judgment, which can be effectively applied in the clinical area and integrated within professional care.

Scholarship of Teaching

Teaching and the sharing of wisdom involves the examination of pedagogical practices (Boyer, 1990). It builds bridges that connects learning and understanding through the transmission, transformation and extension of knowledge and should be made available for peer review, accessible to the wider public domain and be able to be replicated and developed by others (Glassick, 2000). Health care practice and conversely nurse education has been transformed in recent years with the introduction and significant expansion of technology, the changing nature of health care settings and the emphasis on patient centred care (Jokinen and Mikkonen, 2013). Such changes in professional practice has warranted the need for a new evolving approach to the teaching of nurses, placing the facilitation of learning and its application at the heart of professional practice. A variety of complex methods of learning have gained credence in nurse education in recent years, with an eclectic arena of opportunities being made available, including e-learning, simulation and problem based learning (Skinner, 2009). Such learning particularly that which is delivered through digital media has taken the emphasis away from teaching to that of self-directed learning, which presents a problem for how can such learning be assessed in professional practice and how can its reliability be maintained. Such changes within nurse education it can be argued has created a greater need for mentors to ensure the use of effective methods of learning that best fits the clinical situation. In so doing, they must be aware of contemporary and innovative ways of gaining new knowledge, whilst being cognisant of their own professional learning needs (Skinner, 2009).

The Nurse Mentor as Scholar

The role of the nurse mentor is well documented (NMC, 2008; Gopee, 2010); defined characteristics being eclectic (Kelly, 2007; Chandan and Watts, 2012). The support of an excellent mentor, who can challenge deeply held personal and professional beliefs and encourage a deep level of self-awareness, whilst tirelessly encouraging each tiny step has the potential to open up new and exciting pathways for learning essentially a road less travelled by (Frost, 1916). The importance of collaborative learning is central to Boyers work (Boyer, 1990) and as proposed by the NMC (2008) is also central to the developing relationship of the mentor and the learner.

Having the power to influence personal and professional experiences for nurses it could be argued is the role of the skilled mentor. Such mentors are committed to the values and direction of professional practice. They support the integration of theory into practice through a process of praxis (Freire, 2013), challenge deeply held personal beliefs, encourage self-awareness and seek to underpin this by becoming life-long, self-determined learners.

Conclusion

Boyer's (1990) framework has the potential to help bridge the theory-practice gap between research and teaching, as well as integration of learning and application of that learning into professional practice. Utilising this framework has the potential to improve quality of care so that the discovery and generation of new knowledge continues to ebb and flow throughout clinical nursing, creating a cyclical approach that keeps on flowing (Smith and Crookes, 2011). It could be argued therefore that the scholarship framework can if used appropriately and with conviction help develop novice nurse practitioners to become experts and nurse experts to become mentors, future nurse leaders and educationalists.

The importance of undertaking and implementing research cannot be underestimated in the nursing profession. In her seminal work on Fundamental Patterns of Knowing Carper (1978) extolled the importance of empirical research in developing the skills and knowledge base of nursing scientific inquiry. This remains as important today as it was then. Nursing must make research an integral part of post-registration practice (Willis, 2015) and when recognising good practice disseminate this, in order to stimulate debate. This approach he purports will help to construct a culture of research that builds the foundations upon which, change can be effectively managed, with the NHS Constitution (NHS 2013) being the fundamental steer (Willis, 2015).

This it could be argued is supported by Manley et al. (2009) who conceptualise scholarship as work that must be made publicly available for peer review and critique and be able to be reproduced and built upon by other scholars. It is essential that the nursing profession seeks to encourage publication of new and innovative ways of working as well as new research findings that ultimately impact positively on professional care and keeps the 'flame of scholarship' (Boyer, 1990) well and truly alive.

Boyers (1990) framework is not solely relevant to the nursing profession. It has the potential to be embraced by all healthcare professionals across all disciplines as a means of developing new and innovative ways of working and in so doing encourage the development of a skilled workforce able to transform 21st century service provision. The nursing profession however, is simply one area in which this could work.

References

Benner, P., Sutphen, M. Leonard, V. and Day, V. (2010) Educating nurses. A call for Radical Transformation. San Francisco: Jossey Bass.

Boyd, W.E. (2013) "Does Boyer's Integrated Scholarships Model Work on the Ground? An Adaption of Boyer's Model for Scholarly Professional Development" in *International Journal for the Scholarship of Teaching and Learning*, 7 (2): 1-14

Boyer, E.L. (1990) *Scholarship Reconsidered. Priorities of the Professoriate*. California: The Carnegie Foundation for the Advancement of Teaching.

Braxton, J.M. and Del Favero, M. (2002) Evaluating scholarship performance: traditional and emergent assessment templates in *New Directions for Institutional Research*, 2002 (114) pp 19-32.

Brown, G.T., Wicline, M.A., Ecoff, L., and Glaser, D. (2009) "Nursing practice, knowledge, attitudes and perceived barriers to evidence-based practice at an academic medical center" in *Journal of Advanced Nursing*, 65 (2): 371-81.

Carper, B. (1978) "Fundamental Patterns of Knowing in Nursing" in *Advances in Nursing Science* 1 (1): 13-24.

Chandan, M. and Watts, C. (2012) *Mentoring and pre-registration nurse education*. The Willis Commission, Technical paper 4. [Online] <<http://www.williscommission.org.uk>> [Accessed December 4th 2015].

Conard, P.L. and Pape, T. (2014) Roles and Responsibilities of the Nursing Scholar in Paediatric Nursing, 40 (2): 87-90.

Doolan-Grimes, M. (2013) *Clinical nurse managers understanding of use of evidence based practice*. Dublin City University: School of Education Studies.

Fitzpatrick, J.J. and McCarthy, G. (2010) "Boyer and Scholarship Revisited" in *Applied Nursing Research*, 23 (3): 121.

Francis, R. (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: The Stationary Office.

Freire, P. (1972) *Pedagogy of the Oppressed*. London: Penguin.

Frost, R. (1916) *The Road not Taken*. Mountain Interval. New York: Henry Holt

Freire, P. (2013) *Education for Critical Consciousness*. London; Bloomsbury Academic.

Glassick, C.E. (2000) "Boyer's Expanded Definitions of Scholarship, the Standards for Assessing Scholarship, and the Elusiveness of the Teaching of Scholarship" in *Academic Medicine*. 2000, 75 (9): 877-880.

Gopee, N. (2010) *Practice Teaching in Healthcare*. London: Sage

Hurley, J., Linsley, P., and Stansfield, C. (2012) "Self-awareness and empathy: foundational skills for practitioners". In: Hurley, J and Linsley P. (eds) *Emotional Intelligence in Health and Social Care. A guide for improving human relationships*. London: Radcliffe Publishing. pp 29-44

Jokinen, P. and Mikkonen, I. (2013) Teachers' experiences of teaching in a blended learning environment. [Online] *Nurse Education in Practice*. <http://dx.doi.org/10.1016/j.nepr.2013.03.014>. [Accessed December 4th 2015].

Kelly, C. (2007) "Students perceptions of effective clinical teaching revisited" in *Nurse Education Today*, 27 (8): 885-992

Manley, K., McCormack, B., Wilson, V. and Thoms, D. (2009) "The Future Contribution of Practice Development in a changing healthcare context". In: Manley, K. McCormack, B and Wilson V (eds) *International Practice Development in Nursing and Healthcare* Oxford Blackwell Publishing. pp 379-395

Nursing and Midwifery Council (2008) Standards to support learning and assessment in practice. NMC standards for mentors, practice teachers and teachers. London: NMC.

Nursing and Midwifery Council (2015) The Code Professional Standards of Practice and Behaviour for Nurses and Midwives. London: NMC.

Nursing and Midwifery Council (2015a) Revalidation How to revalidate with the NMC. Requirements for renewing your registration. London: NMC.

National Health Service, (2013) The NHS Belongs to the People. A Call to Action. London: DoH.

National Health Service (2014) Five Year Forward View. London: NHS.

Ousey, K. and Gallagher, P. (2007) "The theory practice relationship in nursing: a debate" in Nurse Education in Practice, 7 (4), 199-205

Rolfe, G. (2009) "Writing-up and Writing-as: Rediscovering Nurse Scholarship". Nurse Education Today, 29 (8): 816-820.

Schön, D.A. (1983) The Reflective Practitioner. Temple Smith: London.

Smith, K.M. and Crookes, P.A. (2011) Re-thinking scholarship: implications for the nursing academic workforce in Nurse Education Today, 31 (3): 228–230.

Skinner, J. (2009) "The virtual reality of learning". In: Smith, A., McAskill, H. and Jack, K. (eds) Developing Advanced Skills in Practice Teaching. New York: Palgrave Macmillan. pp 67-82

Taylor, B.J. (2010) Reflective Practice for Healthcare Professionals. 3rd edn. Berkshire: Open University Press

Willis, G. (2012) Quality with compassion: the future of nursing education. Report of the Willis Commission on Nursing Education. London: RCN.

Willis, G. (2015) Raising the Bar Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants. London: Health Education England in partnership with Nursing and Midwifery Council.

Biography

As a specialist community public health nurse, practice teacher and nurse educationalist I am committed to positively influencing the provision of high quality healthcare through effective mentorship and leadership. This commitment being recognised by the awarding of the title Queen's Nurse by the Queen's Nursing Institute in 2012.